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AUTHOR Anderson, Betty N.; Bower, JoAnn C.
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ABSTRACT

The first section of the document consists of a questionnaire/survey instrument completed by 43 supervisors or coordinators of preschool handicapped programs as part of a study designed to evaluate the quality and efficiency of early education programs serving handicapped children (ages 3-5) in Louisiana during 1985-86. Frequency distribution of responses are included in the instrument. The second section is a narrative developed from interview data collected from 33 supervisors during on-site visits to preschool handicapped programs. Qualitative data on such topics as training and certification, experience, staff role, and coordination with kindergarten are summarized. Among problems frequently cited by supervisors were those related to transportation of children and lack of working space for professional ancillary staff such as speech therapists. (JW)

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STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS
FOR HANDICAPPED CHILDREN

IN LOUISIANA

1985-86

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SUMMARY REPORT: SUPERVISORS

September 1986

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Prepared by:
Betty N. Anderson
JoAnn C. Bower
Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

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TO THE READER

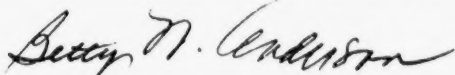
This document is a product of the Statewide Evaluation of the Early Education Program for Handicapped Children in Louisiana, a study funded through a Cooperative Agreement between the U. S. Department of Education and the Louisiana State Department of Education. The evaluation represents a cooperative effort between the project staff in the Bureau of Evaluation, Office of Research and Development, and the program personnel of the Office for Special Educational Services in the Louisiana State Department of Education.

Information for this study was collected from personnel in the Louisiana Early Education Program at state and local levels between January 1, 1985, and June 30, 1986. Findings of this evaluation are based upon a multiple-model research design that included data collection during 39 program visits, 59 class observations, 570 surveys/questionnaires, 1,020 personal interviews with staff and parents, 303 class profiles, 606 individual student profiles, and more than 664 hours of on-site fieldwork. A comprehensive, technical report of these findings has been prepared for the primary audiences of this study.

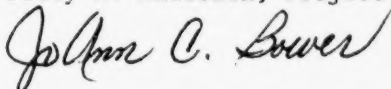
Input from the field indicated to project staff that feedback was important to the contributors. Therefore, this document and other similar reports of the 17 service roles identified in the program have been prepared in response to this request. This document contains a copy of the survey/questionnaire instrument that was sent to special education supervisors or coordinators of the preschool program for completion along with the frequency distributions of their responses. It should be noted that, unless otherwise indicated, all numbers are percentages of responses based on the 43 supervisors/coordinators who completed the instrument. Totals in excess of 100 percent are due to rounding.

The second section of this document is a narrative developed from data gathered in interviews with supervisors/coordinators during the naturalistic study and the three waves of the evaluation.

Project staff are deeply appreciative of the time and effort contributed by the many people in the field without whom the study could not have been conducted. We hope that the information in this document will assist special education supervisors/coordinators, in providing the best program possible for handicapped preschoolers.



Betty N. Anderson, Project Director



JoAnn C. Bower, Research Analyst

1. *How many years' experience do you have in the supervision of preschool handicapped programs? (Include the current academic year.)*

1-15 Years Mean = 5.9 years

2. *Please indicate whether or not you have each of the certification or special training areas listed below. Check how helpful each area is in performing your duties as supervisor/coordinator of the preschool handicapped program.*

- | | | | |
|---|------------------|---------------------------|----------------|
| 1. Elementary, secondary, or special education administration certification | 81 have, helpful | 15 have, not very helpful | 5 do not have |
| 2. Teacher certification: kindergarten | 26 have, helpful | 0 have, not very helpful | 74 do not have |
| 3. Teacher certification: elementary education | 54 have, helpful | 8 have, not very helpful | 39 do not have |
| 4. Teacher certification: secondary education | 24 have, helpful | 24 have, not very helpful | 51 do not have |
| 5. Teacher certification: special education | 91 have, helpful | 7 have, not very helpful | 0 do not have |
| 6. Early childhood development degree | 14 have, helpful | 0 have, not very helpful | 87 do not have |
| 7. Home economics degree | 8 have, helpful | 0 have, not very helpful | 92 do not have |
| 8. Other Speech Path., Assessment Cert., Psych., Sp.Ed. Areas | 79 have, helpful | 7 have, not very helpful | 14 do not have |

NOTE: All numbers are percentages of responses unless otherwise indicated.

Forty-three supervisors responded unless otherwise indicated.

3A. *What previous related experience have you had? (Check all that apply.)*

1. No related experience before current job (43)
8 (Check here if this applies.)
2. Administrator: kindergarten, elementary level (29)
72 have, helpful 3 have, not very helpful 24 do not have
3. Administrator: secondary level (27)
33 have, helpful 15 have, not very helpful 52 do not have
4. Teacher: kindergarten, elementary level (34)
79 have, helpful 6 have, not very helpful 15 do not have
5. Teacher: secondary level (30)
40 have, helpful 30 have, not very helpful 30 do not have
6. Other: Spec.Ed. Teaching or Adm., School Adm., Speech Therapy (22)
82 have, helpful 9 have, not very helpful 9 do not have

3B. *Write the number of the experience listed among those above that has helped you most in your role as supervisor/coordinator of the preschool handicapped program.*

#1=3%, #2=31%, #3=5%, #4=28%, #5=0%, #6=33%

4. *What are your responsibilities as supervisor/coordinator of the handicapped preschool program? (Check each responsibility you have.)*

- 83 Budgetary (42)
- 98 Supervision of the instructional staff
- 65 Parent liaison
- 65 Agency liaison
- 86 Coordinate within program--referral, evaluation, implementation of IEP, etc.
- 79 Coordinate across programs--preschool, kindergarten
- 14 Other - Supervise special education systemwide

5A. *Why did your system decide to participate in the preschool handicapped program? (Check all that apply.)*

- 40 Special funding was available.
- 44 There was a substantial amount of parental interest/demand.
- 63 Legal mandates said we had to.
- 86 The system wanted to meet the needs of special children in this age group.
- 17 Other

5B. *Write the number of the factor among those listed above that was the most important.*

#1=13%, #2=11%, #3=26%, #4=47%, #5=3%

6. *Do you use LANSER in your program? (If yes, tell how. If no, tell why not.)*

88 Yes (How?) _____

12 No (Why not?) _____

7. *What coordination/communication is there between the teachers in the preschool handicapped program and the kindergarten teachers to whom program participants may be assigned upon exiting the preschool handicapped program? (Check the ONE that best applies.) (31)*

- 36 Teachers plan formal conferences before a child's placement in kindergarten.
- 48 Teacher have informal conferences before a child's placement in kindergarten.
- 7 Teachers have no communication.
- 10 Other _____

8. We would like to know more about the extended-year (summer) program offered to program participants. Would you briefly describe these services by responding to the following questions?

A. When is the decision made to offer extended services? (Check the one that best applies.) (37)

- 16 The decision is not made until funding is certain.
- 19 Ample funding is assumed, so plans are made during the early part of the academic year (fall).
- 51 Plans are not made until the spring semester.
- 14 Other _____

B. What determines how many and what kinds of staff members will be employed? (Check the one that best applies.) (38)

- 13 Available funding
- 87 The number and needs of children to be served
- 0 Other _____

C. How are members of the instructional staff selected? (Check the one that best applies.) (37)

- 46 On the basis of certification/experience in preschool handicapped program
- 24 On the basis of certification/experience in special education
- 0 On the basis of certification/experience in other areas
- 0 On the basis of number of years' experience
- 22 On the basis of summer availability
- 8 Other _____

D. How many children were served during the 1985 summer extended-year program? (Write the number in the blank provided.) (38)

0-111 Children, aged 3-5 Mean = 14 children

(Continued from previous page)

E. How are children selected for the extended-year program?
(Check all that apply.) (43)

- 21 On the basis of parent requests
- 7 On the basis of available openings for summer programs
- 91 On the basis of demonstrated regression during a major holiday
- 14 Other _____

F. Write the number of the way listed among those above which is the PRIMARY way children are selected. (42)

#1=5%, #2=5%, #3=81%, #4=7%

G. What is the program format of the extended services? (Check the one that best applies.) (41)

- 25 Home-based
- 48 Center-based
- 28 Combination home-based/center-based
- 0 Residential
- 0 Other _____

H. What do you consider the strengths of the extended-year services? (Check all that you feel are strengths in your program.)

- 72 Provides continued educational services to children who need special services
- 61 Minimizes learning regression
- 7 Provides some teachers with opportunity for summer employment
- 7 Other _____

*1. What are the problems associated with the extended-year services?
(Check all that you feel are problems in your extended program.)*

- 21 Lack of qualified/certified staff
- 35 Lack of parental support
- 49 Student attendance
- 35 Transportation
- 54 Last-minute notices given regarding funding, number of children to be served, etc.
- 58 Current guidelines for documentation of regression
- 19 Inability to accommodate parents who request summer services for their children
- 40 Cost "inefficiency" because of center-based setting, transportation, and student absenteeism (42)
- 5 Other_____

9. What are your concerns regarding the supply of qualified teachers, aides, and other staff for the overall preschool handicapped program? (Check the answer that best matches your judgment.) (41)

- 27 Currently, there is an adequate supply of fully qualified program personnel.
- 20 There is an adequate supply, but qualifications are a concern.
- 15 There is not an adequate supply of available personnel, but those we have are fully qualified.
- 37 Both numbers and qualifications of available personnel are staffing problems.

10. In your opinion, how does the preschool handicapped program affect the availability of personnel for grades K-12? (Check the one that best applies.) (40)

- 95 It has no effect.
- 3 It reduces the number of available personnel for grades K-12.
- 0 Other_____

11. In your opinion, how does the use of resources (funds, classroom space, materials, staff, etc.) affect the availability of resources for other areas? (Check the one that best applies.) (40)

- 75 It has no effect.
- 15 It reduces the resources available for other important areas.
- 3 It has increased the resources available for other areas.
- 5 Other_____

12A. Please check the funding sources used for the program. (Check all that apply.)

- 84 Federal funds (94:142)
- 28 Federal funds (89:313)
- 79 State funds (ADA/minimum foundation)
- 61 Local funds
- 28 Contributed funds, materials, services, etc. (civic organizations, clubs, etc.)

12B. Write the number of the funding source among those listed above which is the MAIN funding source. (40)

#1=35%, #2=5%, #3=58%

13. Please list the number of preschool handicapped classes housed in each of the following settings during the 1985-86 school year. (Please note: If a class is located in a special facility housing only preschool handicapped classes, but the teachers are technically assigned to another school for purposes of administration/evaluation, etc., report that class as being in a special facility, even if the teachers are technically assigned elsewhere.)

Kind of setting/Total number of preschool handicapped classes:

- *4.6 Classes in elementary school setting(s) (30)
- *2.0 Classes in middle school setting(s) (5)
- *1.0 Classes in junior high school setting(s) (6)
- *3.0 Classes in senior high school setting(s) (7)
- *7.0 Classes in special education center(s)/school(s) (14)
- *4.0 Classes in special facility/facilities housing only preschool handicapped classes (9)

*These figures represent the *means* rather than percentages.

14. *With what agencies, organizations, or clubs do personnel in your preschool handicapped program work? (Check all that apply, and describe the service received from each.)*

Name of agency/organization/club *Service received from each*

- | | |
|----|--|
| 40 | Association of Retarded Citizens - referrals, some students placed at that facility, coordinate with schools |
| 54 | Audiologists - Contracted with for evaluations |
| 37 | Charity Hospitals - Medical follow-ups |
| 35 | Ear, Nose, and Throat Specialists - Contracted with for evaluations of children |
| 40 | Early Intervention Program - Referrals to Child Search |
| 16 | Handicapped Advocate Groups - Referrals |
| 61 | Handicapped Children's Program (Crippled Children) - Evaluations for OT & PT services, medical equipment |
| 61 | Health Clinics - Vision and hearing screenings |
| 14 | Local Neonatal Intensive Care Units - Referrals to Child Search |
| 30 | LSU Medical Center--New Orleans - Specialized evaluations, teacher training |
| 30 | LSU Medical Center--Shreveport - Specialized evaluations, technical assistance and in-service training |

(Continued from previous page)

- 12 Ministers
- 26 Office of Mental Retardation
- 42 Ophthalmologists - Evaluation when appropriate, interpretation of reports on visually handicapped children
- 58 Pediatricians - Referrals to Child Search, monitor medications
- 28 Private Hospitals - Child find for high-risk infants
- 37 Neurologists, surgeons, and other medical professionals not listed above - Monitor medications

15. Describe the program services provided to preschool handicapped CHILDREN or their PARENTS during the 1985-86 school year. Include all regular and support services (special instructional program, physical therapy, specially prepared/blended foods, bus transportation, transportation reimbursement, etc.) Under "Provider" list the person or agencies who pay for the service; for example, transportation is provided by the LEA, not the bus driver.

Service	Provider
Transportation, regular or special buses, with aides, radio-equipped buses, or reimbursement	LEA
Child screening and assessment	LEA/SEA
Specialized instruction (IEP)	LEA
Speech and language therapy	LEA
Occupational and physical therapy	LEA or private contractor
Vision therapy	Blind Services
Adapted physical education teacher	LEA
Itinerant vision and hearing services	LEA/SEA
Special equipment (wheelchairs & potty chairs)	LEA
Counseling/crisis intervention by psychologist	LEA/Federal
Social worker	LEA
Parent support and training groups	LEA/SEA
Nursing	LEA/Federal
Field trips and special programs	LEA
Specially prepared foods	LEA/Parents
Regional Preschool Coordinator (Technical SEA assistance and in-service training)	
Janitorial and maintenance	LEA

16. *How long is the school day for the preschool center-based classes?
(Write the number of hours per day in the blank provided.)* (41)

0-8 Hours per day Daily average = 6.09 hours

- 17A. *In your opinion, what are the primary benefits parents and children receive from the preschool handicapped program? (Check all the benefits you feel they are receiving.)*

- 95 Children acquire self-help skills and become more independent.
- 93 Children who are developmentally delayed have an opportunity to "catch up."
- 88 Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.
- 84 Children demonstrate gains in the cognitive domain.
- 86 Children demonstrate gains in the social domain.
- 86 Children demonstrate gains in the motor domain.
- 79 There is a reduction of parents' tension or stress once they realize the program provides someone/something to help their exceptional children.
- 79 Parents tend to acquire more acceptance of their children's exceptionalities.
- 84 Parents learn to have more realistic expectations for their exceptional children.
- 72 Parents are sometimes freed, so that they can do routine things like shopping or, in some cases, seeking employment.
- 63 There is more acceptance of exceptional children by regular education teachers and students in the school setting.
- 56 There is more community acceptance of exceptional children.
- 7 Other - Free baby sitting, acquisition of skills by child

- 17B. *Write the number of the benefit among those listed above that is the MOST IMPORTANT benefit parents and/or children receive.*

#1=25%, #2=25%, #3=30%, #7=10, #8=5%, #10=3%, #13=3%

#3 = Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.

18A. *What difficulties have you observed in the preschool handicapped program? (Check all the difficulties you have observed.)*

- 16 There are difficulties in securing and keeping an adequate number of teachers and other program staff.
- 42 There are difficulties in finding qualified or trained staff.
- 21 Funding is not adequate.
- 16 There are difficulties in finding children who are potential qualifiers for the program.
- 23 There are difficulties in assessing the children referred for services.
- 2 Teachers have difficulty in transporting materials to home-based settings.
- 52 Medical evaluations frequently delay the assessment process. (N=42 to end)
- 21 Medical evaluations are difficult to interpret.
- 31 Parents are less involved than they should be.
- 10 There are inadequate curricular materials available for use with low-functioning children.
- 2 Materials/supplies are inadequate.
- 10 The method of transporting students is unsatisfactory.
- 29 Students spend too much time traveling to and from class.
- 24 Program staff experience burnout.
- 17 Available physical facilities are not adequate for these children.
- 17 The physical facilities are not located in a setting that permits integration of the preschool handicapped children and regular children.
- 41 Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.
- 24 There should be more or better coordination between related agencies (health unit, etc.) and program personnel.
- 10 There should be more or better coordination among the personnel who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).
- 50 It is difficult to secure special services like physical therapy, occupational therapy, etc.
- 14 There are problems in integrating the exceptional children and the regular children.
- 10 The quality of instructional services provided during the extended-year (summer) program is not on par with that provided during the regular year.
- 43 There are difficulties documenting regression in order to determine children's eligibility for the extended-year program.
- 19 The extended-year program denies some staff and children the opportunity for a needed break.
- 7 There are difficulties in interpretation of/compliance with 1508 guidelines. Please indicate the specific area in which these occur: (See top of next page.)

(1508 difficulties continued)

Kindergarten children cannot be classified as noncat, OT & PT guidelines

10 Other - Available space, using same teachers in summer school

18B. *Write the number of the difficulty among those listed on the preceding page which causes you MOST CONCERN. (41)*

#1=3%, #2=21%, #4=5%, #5=8%, #7=3%, #9=3%, #12=3%, #13=3%, #14=3%, #15=5%, #20=26%, #23=13%, #24=3%, #26=5%

#20 = It is difficult to secure special services like physical therapy occupational therapy, etc.

Being cognizant of your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made by supplying information about your program.

If there are unique features, strengths, or weaknesses of your program that have not been addressed in this questionnaire, please comment in the space provided below. Also, please feel free to comment on any item on the questionnaire.

Let us once again encourage you to take advantage of this opportunity to share suggestions or concerns about the preschool handicapped program. Your time in providing this additional, valuable information is appreciated. Confidentiality is assured.

Strengths:

Suggestions for improvements:

Unique areas:

Once again, we would like to thank you for your assistance in this project.

STATEWIDE EVALUATION OF THE EARLY EDUCATION PROGRAM
FOR HANDICAPPED CHILDREN IN LOUISIANA

Interview Data Summary: Supervisors

prepared by

Betty N. Anderson and JoAnn C. Bower

Interviews with program personnel were utilized to gather information from the field in developing and fieldtesting the data-collection instruments for this study (Naturalistic study, Wave 1, and Wave 2). Twelve supervisors were interviewed during this period, and the data were recorded. Additional data were collected from another 21 supervisors when the project staff went into the field to conduct the classroom observations (Wave 3). The *qualitative* data collected during all four segments of the study are summarized in this report.

Training/certification

The supervisors reported training or certification in supervision, administration, secondary education, special education, elementary education, assessment, and counseling. None reported training or certification in early childhood development. One did indicate that she did not recall anything in training or certification that helped in administering the preschool program. A number of supervisors reported that preschool education is a new area for them, and many have sent their staffs to training workshops in their effort to cope with the demands and needs of the preschool program.

Experience

The supervisors were also asked what experience had helped them in their role as supervisor of the preschool handicapped program. The common strand that linked the responses touched upon some previous contact with young children or special children. One supervisor indicated that working with the program from its inception had been most helpful. This same supervisor expressed doubt about the help derived from any courses taken toward area certification, except perhaps those at the lower end of the elementary spectrum. Several supervisors indicated that work with young children, either in an administrative or a teaching role, or participation in referral processes and IEP conferences had helped them to understand some of the intricacies of the preschool handicapped program.

Role in the preschool program

Many supervisors described their role in the preschool program as essentially an administrative one. One supervisor, for example, told evaluators that she generally convenes the IEP conference, then defers to the teacher before leaving the conference. Even from this limited contact with preschool handicapped education, the supervisor said it is apparent how crucial parent counseling skills are--more so with these parents than with parents of regular education children.

Program Initiatives

Most supervisors acknowledged that the legal mandates were the primary factor in establishing the preschool handicapped programs. One supervisor felt that the program would have evolved even without the mandates; however, another said that urban areas would have been characterized by a more sophisticated populace willing to exige special services for handicapped preschoolers from the local school system, whereas rural areas may have been less anxious to provide similar services. There was a candid indication that in some program areas, there is little difference between the intellectual level of the child and that of the parent. The remarks were not made to be cryptic, but rather to point out the incidences of special education/mentally handicapped persons who have children they are unable to rear. For example, a teacher reported that a parent threw her child's hearing aid away when the batteries went dead because she thought it was no longer useful.

Uses of LANSER

When queried about the use of LANSER in the preschool handicapped programs, most supervisors reported that they are currently employing LANSER to comply with state regulations and are entering required data elements. One supervisor told evaluators that LANSER was used not only to do special education tracking reports and pupil appraisal monthly reports, but also to monitor class size and related services provided to

individual children. Another reported using LANSER to boilerplate descriptions of assessment instruments used with individual children and thus, to complete a detailed evaluation report more quickly than had been possible in the past. He noted that a full-time assistant would be needed to complete the required compliance reports were it not for LANSER. He went on to say that, as a data base, LANSER has more potential than anything similar in the nation. Program personnel were observed to be receptive to doing more than mere compliance with the data base. Indeed, they would like to make more use of it locally. Lack of time and expertise in computer operations sometimes prevents them from realizing the potential at hand. None of the LANSER personnel indicated that they were entering any of the optional elements at the present time. One supervisor indicated that one drawback for the larger parishes is their inability to download from the mainframe and their subsequent reliance on tapes.

Program resources

Federal, state, and local funds were reported as funding sources for the preschool handicapped programs. Teachers and administrators, as well as supervisors, identified additional contributed resources. These included cash donations, labor and materials for renovations or architectural adaptations, purchase or construction of modern playground equipment for handicapped children, fieldtrip transportation, seasonal parties for the children, instructional materials, and braille books. Volunteer time contributed by foster grandparents and older students was a contributed resource mentioned from time to time.

One supervisor felt that, to a limited degree, the handicapped program draws resources from the k-12 program. Another indicated a need for more space for the program; others cited an increased need for speech therapists and, in the multiply handicapped classes, physical therapists. One supervisor indicated that that he had approximately 60 children in his preschool program and that most of those children would go to regular kindergarten.

Coordination with kindergarten

Supervisors were divided between reporting minimal communication and no communication between teachers working in the preschool program and regular kindergarten teachers. One supervisor deviated from this pattern, saying that the preschool handicapped teachers and the receiving kindergarten teachers were on the same campus. This physical arrangement permitted not only close communication between the teachers, but also the social mainstreaming of the handicapped preschoolers in the kindergarten classes.

Extended-year program

The supervisors indicated that teachers routinely document children's demonstrated regression that occurs during and after a major holiday period. During the late spring, as soon as funding is certain, plans are made for the extended sessions. Most supervisors indicated that the teachers in the preschool program are offered first choice at summer employment; however, sometimes the personnel office handles the

hiring independently. Evaluators were told that when this happens, the teacher who is hired may not be certified in handicapped preschool education or special education, and the supervisors expressed concern about the ability of these teachers to implement the summer IEP.

Some supervisors expressed the belief that although the teacher already in place was probably the most effective with the children, working the full academic year and then also working the extended session increased burnout markedly, especially in the severe/profound classes. They also indicated that the children appear tired at the beginning of the new school year. The supervisors said that even these children need time to relax, to run barefoot in the grass, and to enjoy the warmth of summer sunshine. One supervisor commented, *"Play is wholesome, too. A kid ought to have a chance to get out in dirt, grass, and play. Maybe we're overschooling some children. There's always some regression - we regressed; you did, too."*

Another commented, *"The children and the teachers are tired. Sometimes a break would be a benefit. Our highest burnout is in the severe/profound. I usually try to get someone else for the summer."*

Still another commented simply, *"The children do not really need the service."*

And finally, one supervisor said, *"Thirty hours of instruction may not be that much help . . . it may not have tremendous value."*

Some concern was expressed that some parents want a free babysitting service, while other parents who legitimately want the extended services for their children become disgruntled when they learn that their children are not eligible.

Absenteeism was reported as a major problem in the extended sessions. To combat this problem, one supervisor reported that she had changed the extended-year format from center-based to home-based. This, she asserted, assured parent participation and also significantly reduced costs--from \$34,000 to \$17,500.

Transportation of children

Transportation seems to forever loom in the shadows as a problem area, but it creates special problems during the extended sessions. The hot Louisiana temperatures combined with buses that are not air-conditioned and lengthy rides taking as much as two hours one way make an unpleasant situation for handicapped preschoolers who must be restrained in special seats and endure toilet-training accidents en route. Teachers and parents confirmed that the intense heat and long rides sometimes made children ill enough to vomit.

The number of children served in extended sessions ranged from three to forty, with some programs providing breakfast and/or lunch. Most programs reported a daily schedule beginning around 8:00 a.m. or 9:00 a.m. and ending in the early afternoon around 1:00 p.m.

Some of the benefits of the extended sessions, as perceived by the supervisors, are provision of continued educational services to children who need special services, prevention of learning regression, minimization of skill recuperation, provision of more experiential activities, maintenance of routinization, continuance of reinforcement, and continuance of therapy.

The major difficulties cited were the fatigue experienced by both the teachers and students, the change in a child's teacher from the regular session to the extended session, absenteeism for family vacations, and last-minute notices given regarding funding, staffing, and the number of children to be enrolled.

Staffing concerns

When the supervisors discussed their concerns regarding the supply of qualified teachers, aides, and other staff for the overall preschool handicapped program, the following comments were shared:

All our preschool teachers are tenured. Two transferred from kindergarten positions. . . We work horrendously hard with our special education teachers--there's a lot of burnout. . . The extra load they carry with the implications of SPUR and paperwork that is out of this world, IEP updates every six weeks, more parent conferences, local and state monitoring. . . If I were the parent of a regular education kid, I'd be screaming for the same as special education. The aides help, but there are limits to what they can do. You have to be careful not to let the aides do too much. . . That's why we have so many expensive teachers. . . Many people used to think, but no longer do, that special education was a babysitting service.

We've been lucky to get excellent staff. . . There was some problem initially in getting physical and occupational therapists.

There is no direct certification for non-categorical preschool. That makes a difference. There is a fairly large turnover. . . Most of my teachers are new; four or five are tenured. The new graduates are doing a tremendous job.

More is needed for the aides in the areas of tutoring strategies and behavior management. Their interest is as great as that of the teachers.

Psychologists are difficult to get because the pay scale is so low. PTs and OTs also have low pay scale. . . We can only afford one day a week. . . Colleges around the parish provide an adequate supply of trained teachers. . . There is an adequate supply of aides and other staff, but they are not all trained.

I'm not as concerned as a lot. . . My best teachers are ones I've made from teachers with elementary education or regular education backgrounds. They determine an area of interest and go back for certification. . . It's not easy to get them back to school for certification. Most are uncertified to start. There's not a big turnover.

I have a superb teacher. . . The preschool regional coordinator works with the schools very well. . . The Children's Hospital staff has explained the equipment and how it is used.

Benefits of the program

The group interviewed generally agreed that intervention is best when provided at an early age and expressed the idea that more can be done at a lower cost through early intervention. Some went on to elaborate that the early intervention can avoid labeling of children. One commented, *"They get the start they need, so they're not 'exceptional'--otherwise, some kids would fail all their lives."*

The most frequently cited benefit was child gain in the cognitive, social, motor, and self-help areas which have permitted many of the preschoolers to move directly into regular kindergarten classes.

Another area cited by the supervisors was the impact upon the parents of the children who receive program services. The supervisors noted that frequently there is a reduction of parents' stress once they realize that the program provides someone/something to help their exceptional children. One supervisor shared the following:

Having their children in the preschool program gives them some confidence, some help. . . They see kids like their own or worse, and it helps alleviate guilt. . . They get to know other parents. The earlier they can do that, the better.

Much-needed respite care is provided by freeing some parents from the burden of caring for a handicapped child, at least for a few hours. One teacher did indicate that this can be a plus or a minus. She cited the incident of one parent whose interest in her child diminished after she placed him in the program and started working.

The supervisors were divided on the issue of whether or not the program led to parents' having more realistic expectations of their exceptional children. While some said they thought this was the case with at least some of the parents, other supervisors indicated that the program sometimes gives parents a false sense of hope. One teacher indicated to the evaluators, as a matter of fact, that some parents bring their children to the preschool handicapped teacher and without words, beseech the teacher to "fix" the child in the same way a toy cobbler would mend a broken toy.

Another benefit perceived by the supervisors was the degree of acceptance regular education students and teachers extended toward the preschool students and staff. They were quick to point out that initially there were some problems, serious enough on some occasions to warrant the supervisor's intervention. Some staff hostility had to be overcome, for some regular education staff saw the preschool program as a glorified babysitting service, over-staffed and with an incredibly low teacher/student ratio. To further complicate matters, it sometimes appeared that the preschool program ran an abbreviated schedule with

fewer student contact hours than those in regular education. Upon completion of this highly individualized program, with a teacher, an aide, perhaps as many as three therapists, and an adapted physical education teacher, a child would then be "dumped" on the kindergarten teacher who, untrained in preschool handicapped education, had thirty children and no aide. The supervisors indicated, and teachers would later substantiate, that despite the bleak beginnings, both the regular staff and the regular children began to demonstrate more acceptance. As they learned about the individual children, the different exceptionalities, the requirements for these children, and stress implications of having the responsibility for children, teachers became more understanding--to the point of inviting the preschool classes to accompany their classes on fieldtrips or to special movies. Regular education children started looking out for the "babies" when they had integrated recess periods. They pushed wheelchairs, steadied walkers, carried food trays, and did an infinite number of things for the handicapped preschoolers that demonstrated their tender, caring attitude. Kindergarten teachers began to have some of their stereotypic opinions of handicapped preschoolers broken when some of the handicapped preschoolers not only performed as well as the regular kindergarten children, but also surpassed their performance in specific areas. Some of the kindergarten teachers interviewed by the evaluators expressed their belief that other children in the kindergarten class might have benefited from the program services had their parents known about them and checked on their child's eligibility.

Program concerns

The interviews with the supervisors ended with a discussion of the difficulties or weaknesses associated with the preschool handicapped program. Funding was NOT mentioned by any supervisor as a difficulty; as a matter of fact, one supervisor stated that he generally had adequate funds to take care of all his teachers' needs.

Staffing was not a major concern, except that some of the supervisors expressed a need for more training, inservice, etc., for the staff and more time to get the uncertified teachers currently working in the handicapped preschool program certified. Some supervisors also indicated some problem in securing the services of the different therapists.

The problems that were cited most frequently by the supervisors were transportation-related. One supervisor made the following observation:

The bus drivers do not want to haul them (handicapped preschoolers). If no responsible party is designated, they look for an older sibling. This parish doesn't have special-education-funded transportation-- there are no mini-buses or buses with lifts. . . I've talked to the transportation supervisor to see if the next new bus can be a bus with a lift. . . Our multiply-handicapped kids are scattered all over the parish. . . We had the use of a short bus (48 passenger) to use during the Special Olympics. . . We have bus seats with straps on the regular bus. . . We juggle so some kids won't have to transfer. . . I hate to see those little fellas on the school bus, and yet sometimes the parents don't have the means (to provide other transportation) even if I pay (reimburse).

Another supervisor reiterated this concern related to

transportation, noting that some of the children in his program had a two-hour bus ride in the morning and again in the afternoon. He also indicated that the children were transported from home to a school where they transferred to a special education bus, and then they were transported to the preschool center.

On the flip side of the coin, however, a supervisor said that transportation was NOT a problem in her preschool handicapped program. The 16 children in the preschool program were being transported by three mini-buses, and plans were underway to purchase a fourth.

Lack of appropriate working space was particularly problematic for the professional ancillary staff according to several supervisors. Therapists were observed working with children in book storage rooms, on stairwells, on auditorium stages, and next to bandrooms. The evaluators also observed that, apparently, the decision as to where to locate the preschool handicapped classes was predicated upon the availability of space rather than what would be most sound educationally. This is not meant to imply, however, that an entire campus should be thrown into a state of chaos just to accommodate the preschool handicapped program.

Another area of difficulty cited by the supervisors was the staff's general lack of familiarity in dealing with the three-to-five age group, particularly in the area of assessment. One supervisor suggested that having raised one's own child might be the single best related experience one could have.

Other difficulties mentioned by the supervisors included the following:

- (1) Integration of the handicapped preschoolers and the regular

children even if the handicapped preschoolers are located on the same campus with "regular" peers

- (2) Transition of the children from the preschool program into regular kindergarten or other settings and accompanying parent counseling
- (3) Lack of a curriculum that is appropriate for low-functioning children
- (4) Appropriateness of the generally ample supplies and materials
- (5) Parent involvement (Supervisors were divided, with some reporting that the current level of parent involvement is needed, others reporting that more is needed, and one noting that programs for different exceptionalities require different levels of parent involvement.)
- (6) Problems, such as staff burnout and liability, related to the increasing number of severely/profoundly handicapped children being placed in the program (One supervisor expressed a need to have death counseling made available to the preschool staffs.)

During the observations, the evaluators talked to supervisors about some of the implications of maintenance-of-health procedures such as tube feeding, intermittent catheterization, and suctioning. Most of the supervisors acknowledged that, despite the necessity of such procedures, they had concerns about the legal implications of having their staffs perform them. The issue of liability surfaced frequently in their discussions.

One supervisor reported that, after having carefully researched the question of liability related to maintenance-of-health procedures, she

feels there is a critical need to obtain accurate information and to disseminate the information statewide.

END

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